


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004576**

1. Entity Name  
**BETHANY BAPTIST CHURCH INC.**



Principal Place of Business      Mailing Address

1404 N. HWY. 79      1404 N. HWY. 79  
 BONIFAY, FL 32425      BONIFAY, FL 32425

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-3556711**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PAUL, JULIAN L**  
 1404 N. HWY. 79  
 BONIFAY, FL 32425

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisiting)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAUL, JULIAN
STREET ADDRESS	1404 N. HWY. 79
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	BROWN, JIMMY V
STREET ADDRESS	1404 N. HWY. 79
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	MOORE, STACY
STREET ADDRESS	1404 N. HWY. 79
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000482147  
 04/11/06-80064-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julian L. Paul      Date: 3/24/06      Daytona Phone #: 850-547-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR